

Name *Last, First, Middle*Mailing Address *Street, City, State, Zip*

Certification Expiration Date ***Month and Year Only***

I. CONTINUING EDUCATION ACTIVITY LIST

| Provider and Title of Program | Inclusive Dates | Category (A, B, or C) | No. of Contact Hours | For Completion by Validator | | |
|----------------------------------|--------------------|--------------------------|----------------------------|-----------------------------|--------------------------|--------------------------|
| | | | | Validated Yes | No | Pending |
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| Total Contact Hours | | | 0.00 | | | |

II. SIGNATURE

I HEREBY CERTIFY that the information provided has been validated as shown and is true and correct to the best of my knowledge.

Signature of Validator

Date *Mo./Day/Yr.*